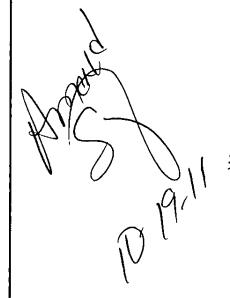
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Richard	A. 50Low, Psy. D., PA	
DOCUMENT NUMBER: P90000	2 997 <sup>D</sup>	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
RS <del>P96000 2 497 0</del>	- De Richard W. Solow	
Name o	of Contact Person	
Richard A. Solan,	By 0., PM	
Fir	m/ Company	
300 S. PINE IS	and Rd #213	
	Address	
Plantin A	~ ~ ~ ~ <i>4</i>	
Transfer PE	33324 ate and Zip Code	
City/ Si	ate and Zip Code	
amhs 5335833 Ø Y	Aho. com	
E-mail address: (to be used for	uture annual report notification)	
For further information concerning this matter, please	se call:	
DR SOLOW	ot ( as4 ) 583 5833	
Name of Contact Person	at ( as4 ) s83. s833  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made		
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
•	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Richard A Schow, Psy D.	pA A B CRETARY  ne Florida Dept. of State)  A GET ARRY  TO (if Incomp.)
(Name of Corporation as currently filed with the	ne Florida Dept. of State)
P960000 29970	HAS
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associat	rp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	300 S. Piwe Islam
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Pd # 213 Plantytus
	FL 33324
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as A hour.
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Florid	la street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing

	ies .
The date of each amendment	
Effective date if applicable:	(date of adoption is required)
<u>н прримыч</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholde
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_ [O	- O7- 11
Signature	Raid Wales President
sele	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Richard Ar. Solom
	(Typed or printed name of person signing)
	President
	(Title of person signing)